

**APPLICATION FOR SCHOOL BUS  
DRIVER INSTRUCTOR  
R-359 NEW 3-2006**

STATE OF CONNECTICUT  
**DEPARTMENT OF MOTOR VEHICLES**  
COMMERCIAL VEHICLE SAFETY DIVISION



**Instructions to Applicant: PLEASE PRINT OR TYPE.** Answer all questions completely and truthfully. Completed form must be signed by employer and by a DMV approved instructor.

Full name of applicant (Last, First, MI)	Employer
Home Address	Address
City, State, Zip	City, State, Zip
Home Phone                      E-mail	Phone                      Fax

TYPE OF APPLICATION:      ☐ New Instructor Certification      ☐ Master Instructor Certification

Connecticut Operator's License Number:      _____	Date of Birth:      _____
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Classifications and Public Transportation Endorsements: (Circle all applicable)	Class: A   B   C   D   1   2 Endorsements: A   V   S   P   T   F Restrictions: L   K   B	Place of Birth: (City & State) Number of Years Licensed:
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High School Education: (School Name and year of Graduation)	College Education and Degree (s):
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Have you ever been refused a driver's license by any state? If so, explain.	
Has your license or registration ever been revoked or suspended in any state? If so, explain.	
Have you ever been convicted or fined for a motor vehicle violation other than parking? (If yes, give dates and offenses).	
Have you ever been convicted of a crime? Give dates and offenses.	
How long have you been training school bus drivers under the direct supervision of an approved instructor?	
Instructor's Name(s) & ID Number(s)	

**Certification: I/we certify under penalty of false statement (per CGS §14-110 ref. 53a-157) that the above information is true and accurate on the date of this application.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

I recommend this applicant for approval as a school bus driver instructor. He/she is employed by me and is a proficient driver with good communication skills. Upon successful completion of training, the applicant will be utilized as a school bus or STV driver instructor.	
Employer's Signature _____	Date _____
Employer's Safety Coordinator's Signature _____	Date _____

Send Completed and Signed Applications to:  
DMV - CVSD, 60 State Street, Room 262, Wethersfield, CT 06161

**FOR DMV USE ONLY**      Approval granted \_\_\_\_\_ Date \_\_\_\_\_ Signed \_\_\_\_\_